

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

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FILED

03 DEC -2 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000037400

1. Corporation Name

FREDESVINDA M. GONZALEZ-PINA MD, PA

Principal Place of Business

Mailing Address

PO BOX 35-1743  
MIAMI FL 33135-1743  
US

PO BOX 35-1743  
MIAMI FL 33135-1743  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/10/1995

5. FEI Number

65-0589067

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GONZALEZ-PINA, FREDESVINDA	7235 WEST 14TH AVENUE	HIALEAH FL 33014

200025167952  
12/02/03--01063--009 \*\*150.00

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

GONZALEZ-PINA, FREDESVINDA  
7235 WEST 14TH AVENUE  
HIALEAH FL 33014

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-18-03 305-5121230

CR2E040 (7/03)

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FREDESVINDA M. GONZALEZ-PINA MD., P.A  
PO BOX 35-1743  
MIAMI, FL 33135-7743

November 18<sup>th</sup>, 2003

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO Box 6327  
Tallahassee, Florida 32314

RE: APPLICATION FOR REINSTATEMENT

CORPORATION NAME: FREDESVINDA M. GONZALEZ-PINA MD; PA  
DOCUMENT #: P95000037400

Gentlemen,

I am in receipt of CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OF  
REVOCATION for above captioned corporation, stating that our corporation has been  
dissolved effective September 19, 2003.

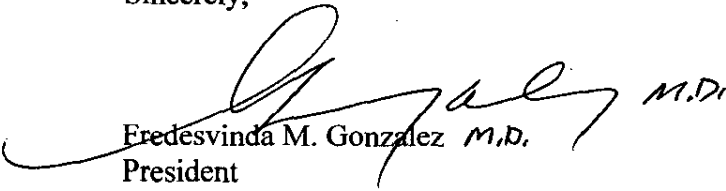
This revocation has come as a surprise to me since we never received the form to file the  
required Corporate Annual Report for 2003.

I called your Department today and on the advise of your recorded instructions for  
corporations that have not received the required form for 2003, we are enclosing herewith  
the following documents:

- 1) APPLICATION FOR REINSTATEMENT for our corporation properly executed
- 2) Our Ck # 3242 for \$150.00 payable to the FLORIDA DEPARTMENT OF  
STATE covering the required fee.

Thank you for your prompt attention and cooperation in this matter

Sincerely,

  
Fredesvinda M. Gonzalez M.D.  
President

Enclosures